

 **Department of Veterans Affairs**

**APPLICATION REQUEST TO ADD AND/OR REMOVE DEPENDENTS**

**INSTRUCTIONS:** Make sure you sign and date this form in Items 26A and 26B.  
**Note:** Unless the claimant is the veteran's surviving spouse or a designated "alternate signer", the veteran **must** sign in Item 26A. When you have completed this form, you can mail or fax it to the address or the fax number shown at the bottom of Page 2. If you prefer you may complete and submit the form online at [www.va.gov](http://www.va.gov).

VA DATE STAMP  
(DO NOT WRITE  
IN THIS SPACE)

**SECTION I: VETERAN/CLAIMANT'S IDENTIFICATION INFORMATION**  
(Note: Completion of this section is **REQUIRED** to process your request; any omission may delay processing)

**NOTE:** You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly to help expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

2. VETERAN'S SOCIAL SECURITY NUMBER

3. VA FILE NUMBER (If known)

4. VETERAN'S DATE OF BIRTH  
Month Day Year

5. CLAIMANT'S NAME (If other than veteran) (First, Middle Initial, Last)

6. CLAIMANT'S SOCIAL SECURITY NUMBER

7. VETERAN'S SERVICE NUMBER (If applicable)

8. TELEPHONE NUMBER (Include Area Code)

9. E-MAIL ADDRESS (Optional)

10. COMPLETE MAILING ADDRESS OF VETERAN/CLAIMANT (Number and Street or Rural Route, P. O. Box, City, State, ZIP Code and Country)  
No. & Street  
Apt./Unit Number City  
State/Province Country ZIP Code/Postal Code

## Section I

- Ensure that the Veteran or claimant's information is entered in these fields
- Should auto populate if using a veterans management system

**SECTION II: INFORMATION NEEDED TO ADD SPOUSE**

11A. SPOUSE'S NAME (First, Middle Initial, Last)

11B. SPOUSE'S DATE OF BIRTH  
Month Day Year

11C. SPOUSE'S SOCIAL SECURITY NUMBER (SSN) (If your spouse does not have an SSN, explain why in Section IX, Item 25, Remarks)

11D. DATE OF MARRIAGE  
Month Day Year

11E. PLACE OF MARRIAGE (City and State, County and State, or City and Country)

11F. HOW WERE YOU MARRIED? (Check one)  
 RELIGIOUS CEREMONY (i.e. Minister, Priest, Rabbi, etc.) or CIVIL CEREMONY (i.e. Justice of the Peace)  
 COMMON LAW  TRIBAL  PROXY  
 OTHER (Explain)

12A. IS YOUR SPOUSE ALSO A VETERAN?  
 YES (If "YES" complete Items 12B and 12C)  
 NO

12B. SPOUSE'S VA FILE NUMBER (If applicable)

12C. SPOUSE'S SERVICE NUMBER (If applicable)

**NOTE:** If you are a veteran that VA is paying additional benefits for a stepchild and you no longer live with the stepchild's biological or adoptive parent, complete Section V.

13A. DO YOU LIVE TOGETHER?  
 YES  NO (If "NO" complete Items 13B and 13C)

13B. REASON FOR SEPARATION (For example, marital problems, job requirements, health, etc.)

13C. CURRENT MAILING ADDRESS OF SPOUSE (Number and Street or Rural Route, P. O. Box, City, State, ZIP Code and Country)  
No. & Street  
Apt./Unit Number City  
State/Province Country ZIP Code/Postal Code

## Section II

- If adding a spouse, enter the spouse's personal information and current marriage details





**Section IV**

- The VA must remove a spouse when the marriage ends in divorce or annulment
- Is the Veteran reporting a divorce?
- If yes, enter the divorce details here

**Section V**

- Is the Veteran claiming stepchildren?
- If yes, enter the stepchild information here to include the level of support that the Veteran provides

**Section VI**

- The VA must remove a dependent upon death
- Is the Veteran reporting the death of a dependent?
- If yes, enter information here

**Section VII**

- A dependent child must be unmarried to qualify as a child
- Is the Veteran reporting the marriage of a child?
- If yes, enter information here

**SECTION IV: VETERAN REPORTING DIVORCE FROM FORMER SPOUSE**  
(If you have stepchild(ren), also complete Section V)

NOTE: If marriage ended as an annulment or declared void, use Section IX, Item 25, Remarks to explain.

20A. NAME OF FORMER SPOUSE (First, Middle Initial, Last)

20B. PLACE OF DIVORCE (Provide city and state, county and state, or city and country)

20C. DATE OF DIVORCE  
Month Day Year

**SECTION V: VETERAN/CLAIMANT REPORTING ON STEPCHILD(REN)**

21A. DID YOU HAVE A STEPCHILD(REN) THAT WAS THE BIOLOGICAL OR ADOPTED CHILD(REN) OF THE FORMER SPOUSE LISTED IN ITEM 20A?  
 YES (If "YES," list the name(s) of the stepchild(ren) here):  
 NO (If "NO," skip to Section VI)

21B. ARE YOU STILL SUPPORTING YOUR STEPCHILD(REN) LISTED IN ITEM 21A?  
 YES (If "YES," complete Items 21C through 21G)  
 NO (If "NO," skip to Section VI)

21C. NAME OF STEPCHILD YOU ARE SUPPORTING	21D. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE THE NAME OF PERSON WITH WHOM STEPCHILD RESIDES	21E. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE A COMPLETE ADDRESS	21F. DATE STEPCHILD LEFT VETERAN'S HOUSEHOLD	21G. FINANCIAL SUPPORT PROVIDED
				<input type="checkbox"/> More than half <input type="checkbox"/> Half <input type="checkbox"/> Less than half
				<input type="checkbox"/> More than half <input type="checkbox"/> Half <input type="checkbox"/> Less than half
				<input type="checkbox"/> More than half <input type="checkbox"/> Half <input type="checkbox"/> Less than half
				<input type="checkbox"/> More than half <input type="checkbox"/> Half <input type="checkbox"/> Less than half

**SECTION VI: VETERAN/CLAIMANT REPORTING DEATH OF A DEPENDENT**

22A. DEPENDENT TYPE (Check all that apply)  
 SPOUSE  MINOR CHILD (UNDER 18 YEARS OLD)  STEPCHILD  ADOPTED  DEPENDENT PARENT  
 CHILD INCAPABLE OF SELF-SUPPORT  18-23 YEARS OLD AND IN SCHOOL

22B. NAME OF DEPENDENT(S) (First, Middle Initial, Last)

22C. DATE OF DEATH (MM/DD/YYYY)

22D. PLACE OF DEATH (City & State, County & State, or City & Country)

**SECTION VII: VETERAN/CLAIMANT REPORTING MARRIAGE OF CHILD**

23A. NAME OF CHILD (First, Middle Initial, Last)

23B. DATE OF MARRIAGE  
Month Day Year



